ISSUE SLIP	STAPLE AREA (for	additional cross refer	rences) 11-16-	·)/
POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		RES	T AMAIL AD	
FORMALITY REVIEW			T AVAILABI	E COPY
RESPONSE FORMALITY REVIEW				
			 	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	l.	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

. ·	Claim Date	Claim	Date	c	Claim	Date
<i>;</i> '	<u>= 7 4 11 </u>	Final Original			<u>a</u>	
	ination of the state of the sta	Final				
		51			101	
	2 ,	52			102	
	3	53			103	
	4	54			104	
	5	55			105	
	6	56			106	
	7	57			107	
	8	58			108	
	. 9	59			109	
	10	60			110 .	
	11	61			111	
	12	62			112	-+- - - - -
	13	63			113	
		64	- - - - 		114	
	(16)	65	- - - - 	-+	115	- - - - - - - - - -
	17	67		++	116	
	18	68	- 		118	- - - - -
	19	69		 	119	-
	20	70		- 	120	-
		71	- - - - - 			
•	P 1= 1 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	72			121	
	22 / ()	73	- - - - - 		123	
0	24	74	- - - - - 		124	
	25	75	- - - - - - 	- -	125	
	26	76	- - - - - 		126	-
; 1	27	77			127	
-	28	78			128	++++++
į	29	79		 	129	
	730	80	 		130	
ĺ	\31	81	- - - - - - - - - - - - - - - - - - - 		131	
	32	82	- - - - - -		132	
	32 33	83			133	
	34	84			134	
	35	85			135	
	.36	86			136	
	37	87			137	
	38	88			138	
	39	89			139	
	40	90			140	
	41	91			141	
	42	92			142	
	43	93			143	
	44	94			144	
	45	95			145	
	46	96			146	
	47	97			147	
	48	98			148	
	49	99			149	
	50	100			150	_

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)